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PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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Attorney Docket Number	S145-USA			
First Named Inventor	Little			
COMPLETE IF KNOWN				
Application Number	/			
Filing Date				
Group Art Unit				
Examiner Name				
	First Named Inventor COMPLETE Application Number Filing Date Group Art Unit			

As a below named inventor, I hereby declare that:									
My residence, mailing address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
MEDICAL TACK WITH A VARIABLE EFFECTIVE LENGTH									
the specification of which (Title of the Invention)									
is attached hereto									
OR was filed on (MM/0	DD/YYYY)	as Unite	ed States Applica	ation Number or PCT International					
Application Number	and v	vas amended on (MM/DD/Y	YYY)	(if applicable).					
I hereby state that I have re amended by any amendme	eviewed and understand the cent specifically referred to abo	ontents of the above identifive:	ed specification	including the claims, as					
continuation-in-part applica	to disclose information whi ations, material information w al filing date of the continuation	hich became available betw	bility as defined veen the filing d	d in 37 CFR 1.56, including for ate of the prior application and the					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.									
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certificate, or 365(a) of any listed below and have also international application hav Prior Foreign Application Additional foreign applic I hereby claim the benefit u	PCT international application identified below, by checking ing a filing date before that of a filing date and	which designated at least of the box, any foreign application on which pri Foreign Filing Date Supplemental priority data sunited States provisional application and the supplemental priority data supplemental	Priority Priority Sheet PTO/SB/0	than the United States of America, or inventor's certificate, or any PCT Certified Copy Attached? YES NO					
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[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

		v 1					
	Customer Nu or Bar Code] 。	R 🔲 (Correspondence address below
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City Santa Clarita				State	CA		ZIP 91380-9005
Country USA		Telephon	e (661) 77	5-3995 ex	t. 3129		Fax (661) 775-1595
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST IN	/ENTOR:			A petit	ion ha	s been fil	ed for this unsigned inventor
Given Name (first and middle [if any]) James S.	Taining Name						
Inventor's Signature Date 10-10-2001							
Residence: City Saugus			State CA		Countr	y USA	Citizenship USA
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Gaillard R. Family Name or Surname Nolan							
Inventor's Signature Cat 10, 2001							
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Mailing Address 24600 Brighton Drive #C							
Mailing Address							
City Valencia	Valencia State CA ZIP 91355						Country USA
XAdditional inventors are being name	d on1	suppleme	ntal Additio	nal Inven	tor(s) s	heet(s) PTC	/SB/02A attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:							his unsigned inventor			
Given Name (first and middle [if any])					Family Name or Surname					
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Inventor's Signature	Nil H Vallet							Date 10/10/01		
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Name of Addition	al Joint Inventor, if an	ıy:				A petit	ion has been file	d for t	his unsigned inventor	
Given Na	me (first and middle [if any	y])				Family Name or Surname				
Robert J.	Greenberg									
Inventor's Signature	an		3	3	l	1	NS		Date /0/10/0/	
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Mailing Address			_		<u>.</u>		-			
City	Los Angeles		State	CA		ZIP	90025	Cou	untry USA	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor						his unsigned inventor				
Given Na	ame (first and middle [if any])				Family Name or Surname					
Inventor's Signature									Date	
Residence: City		s	State			Country			Citizenship	
Mailing Address										
Mailing Address										
City		Sta	ate			ZIP			Country	

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7



POWER OF ATTORNEY

Docket No.

S145-USA

Name o	of A	polic	ant:
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Little; Nolan; Talbot; Greenberg

Title:

MEDICAL TACK WITH A VARIABLE EFFECTIVE LENTH

Serial No., if Any:

Filed:

TO THE ASSISTANT COMMISSIONER FOR PATENTS

The Assistant Commissioner for Patents Washington, D.C. 20231

Honorable Sir:

I hereby appoint:

Scott B. Dunbar, Reg. No. 37,124 Gary D. Schnittgrund, Re. No. 42,130

as principal attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please direct all future correspondence to

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Gaillard R. Nolan